



Working Alone or In Isolation Risk Assessment Form

Employee: _____ Contact #s : _____ / _____

Emergency Contact Name and Number: _____

School/Work Location: _____ Supervisor: _____

Supervisor Contact number(s): _____ / _____

Activity risk level while working alone:

- Low (office work, general custodial and maintenance work) 2 Hour check-in intervals
- Medium (as determined by supervisor) Check-in intervals as determined by supervisor
- High – Working alone is prohibited for the following high-risk activities
 - confined space entry
 - working on energized electrical equipment – only completely qualified and trained tradespeople familiar with the work assignment shall be allowed to work on live circuits or equipment.
 - power line hazards – use of a vehicle, crane or similar equipment near a live power line where it is possible to make contact with the live power line
 - view obstruction – use of a vehicle, crane or similar material handling equipment where the operator does not have full view of the intended path of travel
 - working at heights where fall arrest equipment is required
 - hot work applications where a fire watch is required
 - tasks which based on a risk assessment are deemed to require more than one person

Activity	Risk Level – Check-in interval

Safety Alert Contact (name and cell #)

Alternate Safety Alert Contact (name and cell #)

Supervisor Signature

Employee Signature

Safety Advisor Signature

Copies to be retained with the supervisor and the safety advisor.